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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Frederick Henry Covely III
Title	Automated Software Robot...
Art Unit	
Examiner Name	
Attorney Docket Number	BCFT.1623

I hereby appoint:

☒ Practitioners at Customer Number:

000027547

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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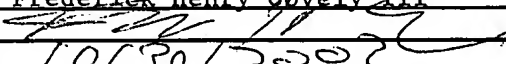
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Frederick Henry Covely III
Signature	
Date	10/30/2003
Telephone	(760) 631-8157

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

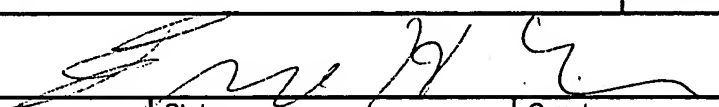
☒ \*Total of XX 2 forms are submitted.

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## DECLARATION — Utility or Design Patent Application

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Name Hani Z. Sayed					
Address Murphey & Murphey, A.P.C. 701 Palomar Airport Road, Suite 260					
City Carlsbad		State California		ZIP 92009	
Country US		Telephone 760-431-0091		Fax 760-431-9441	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Frederick Henry			Family Name or Surname Covely III		
Inventor's Signature 				Date 10/31/2003	
Residence: City Oceanside		State California		Country US	
Citizenship US					
Mailing Address 5251 Dixon Road					
City Oceanside		State California		ZIP 92056	
Country US					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					